

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Academy of Dermatology Association Political Action Committee (SkinPAC)

ADDRESS (number and street) ▼

1445 New York Avenue NW

Ste 800

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00359539

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Debnar

Signature of Treasurer

Steven Debnar

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
07 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">157033.61</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">176133.56</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">89163.34</span>	<span style="border: 1px solid black; padding: 2px;">571646.74</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">265296.90</span>	<span style="border: 1px solid black; padding: 2px;">728680.35</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">32866.29</span>	<span style="border: 1px solid black; padding: 2px;">496249.74</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">232430.61</span>	<span style="border: 1px solid black; padding: 2px;">232430.61</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	78282.76	517582.26
(ii) Unitemized .....	10880.58	54064.48
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	89163.34	571646.74
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	89163.34	571646.74
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	89163.34	571646.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	89163.34	571646.74

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1366.29	11749.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1366.29	11749.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31500.00	466500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	18000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32866.29	496249.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32866.29	496249.74

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	89163.34	571646.74
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	89163.34	571646.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1366.29	11749.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	1366.29	11749.74

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. William B. Adams**

Mailing Address 5850 Jamila River Dr

City

Venice

State

FL

Zip Code

34293-6676

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SkinSmart Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2016

Transaction ID : B1B1B433-133B-4592-

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Tricia R. Andrews**

Mailing Address 7744 Deerwood Point Ct

City

Jacksonville

State

FL

Zip Code

32256-2825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jacksonville Dermatology Assoc, PL

Occupation

Dermatologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2016

Transaction ID : 497FA546E976675AFB0E

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jay Applebaum**

Mailing Address 1506 E Chapman Ave

City

Orange

State

CA

Zip Code

92866-2231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2016

Transaction ID : C06DA2DD-D98F-4A93-

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

491.67

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 55

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Amir A. Bajoghli**Mailing Address 1359 Beverly Rd  
Ste 200

City	State	Zip Code
McLean	VA	22101-3668

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Skin &amp; Laser Surgery Center, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2016

Transaction ID : AD0ABC87-AC63-45D5-

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ronald Jeffrey Barr**Mailing Address 31872 Coast Hwy  
Pathology Dept

City	State	Zip Code
Laguna Beach	CA	92651-6773

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mission Hospital - Laguna Beach

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

Transaction ID : 9A43C697-F658-4EA8-

Amount of Each Receipt this Period

260.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Linda M. Benedict**Mailing Address 1800 Howell Mill Rd NW  
Ste 680

City	State	Zip Code
Atlanta	GA	30318-0920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgia Skin Specialists

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

Transaction ID : 54AB312C-6544-409F-

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1010.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 55  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Diane M. Bernardi**

Mailing Address 5750 Falls Dr

City

Fort Wayne

State

IN

Zip Code

46804-7147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fort Wayne Dermatology Consultants

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2016

**Transaction ID : 33836F3F-6EE7-4591-**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Benjamin D. Bernstein**

Mailing Address 5136 Elder Rd

City

Hydes

State

MD

Zip Code

21082-9550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bernstein &amp; Robinson Dermatology, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2016

**Transaction ID : 662FA39E8FD76C0ADFC**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Erin E. Boh**Mailing Address 1430 Tulane Ave  
Dept Ofdermatology

City

New Orleans

State

LA

Zip Code

70112-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tulane Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

**Transaction ID : F8F1BCF4-5AE2-4E68-**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

2000.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 55

☒ 11a    ☐ 11b    ☐ 11c    ☐ 12  
☐ 13    ☐ 14    ☐ 15    ☐ 16    ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Ronald Ralph Brancaccio**Mailing Address 7901 4th Ave  
Ste A20City State Zip Code  
Brooklyn NY 11209-3957FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Skin Institute of New York

Occupation

Dermatologist

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2016**Transaction ID : 2889BAC4-5E15-42D8-**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Megan Ann Brelsford**

Mailing Address 1058 E Ocean View Ave

City State Zip Code  
Norfolk VA 23503-2000FEC ID number of contributing  
federal political committee.

C

Name of Employer

Naval Medical Center Portsmouth

Occupation

Dermatologist

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2016**Transaction ID : 4EE988BA3FD075A7E136**

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David G. Brodland**Mailing Address 575 Coal Valley Road  
Suite 360City State Zip Code  
Jefferson Hills PA 15025FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Hills Medical Building

Occupation

Physician

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2016**Transaction ID : B83C74DE16C13FE1FD6**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2041.67

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 55  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Steven Mark Burnett**

Mailing Address 1545 Mound Street

City	State	Zip Code
Sarasota	FL	34236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Burnett Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	1	6

**Transaction ID : D7A1F49B61C6F4C7901**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Carrine A. Burns**

Mailing Address 91 Lower Flying Point Rd

City	State	Zip Code
Freeport	ME	04032-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bates Mill Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	1	6

**Transaction ID : 8C65BEFEB11B5CC8BA2**

Amount of Each Receipt this Period

416.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Paul S. Cabiran**Mailing Address 209 Hospital Drive  
Suite 302

City	State	Zip Code
Highlands	NC	28741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Highlands Dermatology, P.A.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	6

**Transaction ID : D776E978069881063D5**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1541.67

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 55

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Valerie D. Callender**Mailing Address 12200 Annapolis Rd  
Ste 315

City	State	Zip Code
Glenn Dale	MD	20769-9182

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2016

**Transaction ID : 7B5E384A-B5AF-409F-**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jennifer Clay Cather**Mailing Address 9101 N Central Expy  
Ste 160

City	State	Zip Code
Dallas	TX	75231-5951

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Modern Dermatology

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2016

**Transaction ID : 6A7ED062-A98E-474E-**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mark Alan Chastain**Mailing Address 835 Cogburn Ave NW  
Ste 100

City	State	Zip Code
Marietta	GA	30060-1008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Skin Cancer Specialists, P.C.

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2016

**Transaction ID : 3FF9A618-0F49-492D-**

Amount of Each Receipt this Period

2000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 55

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Melvin W. Chiu**

Mailing Address 1232 Dubonnet Ct

City

Oak Park

State

CA

Zip Code

91377-4707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCLA Health

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2016

**Transaction ID : DFFDEABA4227416F92D**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Adrienne Choksi**

Mailing Address 1400 Pressler St

Fct 11.6085, Unit 1452

City

Houston

State

TX

Zip Code

77030-3722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MD Anderson Cancer Center

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2016

**Transaction ID : 5D083B94-2F98-4B77-**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stephen W. Clark**

Mailing Address 6801 Laurel Valley Dr

City

Fort Worth

State

TX

Zip Code

76132-4471

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clark Pharmaceuticals

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2016

**Transaction ID : 2F74CAE2228FD56747A**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

850.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Clay J. Cockerell**

Mailing Address 4312 Arcady Ave

City State Zip Code  
 Dallas TX 75205-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cockerell Dermatopathology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

07 / 05 / 2016

**Transaction ID : DC1545C6378BD2F9081**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Brett M. Coldiron**

Mailing Address 1105 River Hill Dr

City State Zip Code  
 Covington KY 41011-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Skin Cancer Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

07 / 05 / 2016

**Transaction ID : 6FCB04102B0638B4553**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Erica S. Colleran**

Mailing Address 269 N 1st Ave  
 Ste 100

City State Zip Code  
 Iowa City IA 52245-3620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa City Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

07 / 25 / 2016

**Transaction ID : 0649C723-3A3B-41FF-**

Amount of Each Receipt this Period

185.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1185.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 55

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Michael P. Conroy**Mailing Address 7450 Hospital Dr  
Ste 370

City	State	Zip Code
Dublin	OH	43016-9629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dermatologists of Greater Columbus

Occupation

Dermatologist / Dermatopathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2016

**Transaction ID : 4E97FBCB-8EF0-4D5D-**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Trenton Drew Custis**Mailing Address 3900 Junius St  
Ste 710

City	State	Zip Code
Dallas	TX	75246-1627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dallas Associated Dermatologists

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2016

**Transaction ID : 3A584B5F-A2D8-42A0-**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Eileen Matilda Deignan**

Mailing Address 290 Baker Ave

City	State	Zip Code
Concord	MA	01742-2189

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2016

**Transaction ID : 0C443148-4F87-40C2-**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Sunil Sharan Dhawan**

Mailing Address 119 Martingale Dr

City

Fremont

State

CA

Zip Code

94539-6313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Center for Dermatology

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.67

Date of Receipt

07 / 29 / 2016

Transaction ID : 4641972D99B5F4A6A66A

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Christopher M Dimarco**

Mailing Address 4037 NW 86th Ter

Dept Of Dermatology, Fl 4

City

Gainesville

State

FL

Zip Code

32606-9277

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Florida

Occupation

Dermatologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 28 / 2016

Transaction ID : E44B116B-CF5F-4038-

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jean-Pierre D. Donahue**

Mailing Address 130 Inverness Plz

# 121

City

Birmingham

State

AL

Zip Code

35242-4800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 27 / 2016

Transaction ID : E7890540-40BA-4A0E-

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

641.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Michael A. Dorman**

Mailing Address 6330 Orchard Lake Road  
Suite 120

City State Zip Code  
West Bloomfield MI 48322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 14 / 2016

**Transaction ID : C08040D3A1874ACCE96**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Robert D. Durst JR.**

Mailing Address 5501 SW Moundview Dr

City State Zip Code  
Topeka KS 66610-2322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

07 / 29 / 2016

**Transaction ID : B15115A0648AE1AAAA0**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Karen E. Edison**

Mailing Address 1 Hospital Dr  
Dept Of Dermatology, Rm MA111

City State Zip Code  
Columbia MO 65212-1000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Univ of Missouri Medical Center

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 26 / 2016

**Transaction ID : 35E8B610-F12F-46ED-**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Alison Ehrlich**

Mailing Address 2150 Pennsylvania Ave NW

Dept Of Dermatology, Ste 2B-430

City

Washington

State

DC

Zip Code

20037-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

George Washington Univ

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 26 / 2016

Transaction ID : 23D08D07-4EB5-4C95-

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Deborah Ann Englert**

Mailing Address 707 Chapel Ridge Rd

City

Timonium

State

MD

Zip Code

21093-1807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Dermatology Hunts Valley

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2016

Transaction ID : BAD505D82595EEFFA55

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Colby C. Evans**

Mailing Address 9701 Brodie Ln

Ste A106

City

Austin

State

TX

Zip Code

78748-6282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Evans Dermatology Partners

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 20 / 2016

Transaction ID : E460A1C4-ED3F-424A-

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Steven R. Feldman**

Mailing Address Medical Center Blvd  
Dept of

City Winston Salem State NC Zip Code 27157-0001

FEC ID number of contributing federal political committee.

C

Name of Employer

WFU - School of Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 22 / 2016

**Transaction ID : 51CDB1B1-2E2A-4280-**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Shawna A. Flanagan**

Mailing Address 600 Heritage Dr  
Ste 101

City Jupiter State FL Zip Code 33458-3098

FEC ID number of contributing federal political committee.

C

Name of Employer

Genesis Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 12 / 2016

**Transaction ID : 92C1518B-0741-4A4A-**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rutledge Forney**

Mailing Address 59 E Park Ln NE

City Atlanta State GA Zip Code 30309-2725

FEC ID number of contributing federal political committee.

C

Name of Employer

Dermatology Affiliates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

07 / 28 / 2016

**Transaction ID : D4A4A2DB-7E78-47D0-**

Amount of Each Receipt this Period

2250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Dee Anna Glaser**

Mailing Address 10 Chipper Rd

City

Saint Louis

State

MO

Zip Code

63131-3410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Louis Univ School of Medicine

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 21 / 2016

Transaction ID : 659B025FBC8CE323DBF

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Brad P. Glick**

Mailing Address 2960 N State Road 7  
Ste 101

City

Margate

State

FL

Zip Code

33063-5756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LECOMT/Larkin Community Hosp-Palm Spri

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

07 / 20 / 2016

Transaction ID : 5B46BBEF-3E88-47BC-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Nicholas J. Golda**

Mailing Address 1202 E Pierpont Meadows Rd

City

Columbia

State

MO

Zip Code

65201-9308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Missouri Medical Center

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 14 / 2016

Transaction ID : 4FA1B83B965C18C1E908

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Howard S. Goldberg**

Mailing Address 9 Goodwins Ct  
Apt 6

City State Zip Code  
Marblehead MA 01945-3583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician-Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2016

**Transaction ID : 4CA5BA47DA5A2CD10503**

Amount of Each Receipt this Period

93.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Roger S. Golomb**

Mailing Address 1122 Druid Rd E

City State Zip Code  
Clearwater FL 33756-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Clearwater Dermatology

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2016

**Transaction ID : FAE82675-467D-4DC3-**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Alice B. Gottlieb**

Mailing Address 51 Twin Lakes Rd  
Tufts Medical Center

City State Zip Code  
South Salem NY 10590-1012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Tufts Medical Center

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 29 / 2016

**Transaction ID : 3C6BA0C2-0489-495F-**

Amount of Each Receipt this Period

255.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

848.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Jennifer W. Gould**

Mailing Address 36701 American Way  
 Ste 3

City State Zip Code  
 Avon OH 44011-4064

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Dermatology Partners, Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2016

Transaction ID : 4D769836-F434-463D-

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ann F. Haas**

Mailing Address 8466 Scenic Vista Way

City State Zip Code  
 Fair Oaks CA 95628-3869

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Ft Sutter Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2016

Transaction ID : EEC82711-47A7-43E5-

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Yolanda Rosi Helfrich**

Mailing Address 3100 Pittsview Dr

City State Zip Code  
 Ann Arbor MI 48108-2902

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Univ of Michigan

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 05 / 2016

Transaction ID : F6038DAB6CF9F1B5D1D

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1125.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 55

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Stephen E. Helms**

Mailing Address 114 Glenwood Bnd

City

Madison

State

MS

Zip Code

39110-6575

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	6

Transaction ID : E495361B-062D-4F62-

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William B. Henghold II**

Mailing Address 540 Fountaine Street

City

Pensacola

State

FL

Zip Code

32503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henghold Skin Health &amp; Surgery Group

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	6

Transaction ID : 60B95C4A68A5896C966

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Janet G. Hickman**

Mailing Address 107 Lee Cir

City

Lynchburg

State

VA

Zip Code

24503-1336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	6

Transaction ID : 08111137-EEB9-4DC9-

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Julie A. Hodge**

Mailing Address 1440 N Harbor Blvd  
Ste 300

City Fullerton State CA Zip Code 92835-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

07 / 18 / 2016

**Transaction ID : B21925CE-DF18-44DC-**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William R. Howard JR.**

Mailing Address 2704 N Oak St  
Bldg B2

City Valdosta State GA Zip Code 31602-1799

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 25 / 2016

**Transaction ID : B8037B3B-6BD8-49C8-**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Vivek Iyengar**

Mailing Address 627 E 6th St

City Hinsdale State IL Zip Code 60521-4712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

07 / 28 / 2016

**Transaction ID : DC76780A-18D3-48C4-**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 55

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Richard Peele James JR.**

Mailing Address 2315 Salcedo Ave

City

Savannah

State

GA

Zip Code

31406-4243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgia Mohs and Skin Cancer Center

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	8		2	0	1	6		

**Transaction ID : C21FB195-0FCF-4E1B-**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William D. James**

Mailing Address 766 Applegate Ln

City

Bryn Mawr

State

PA

Zip Code

19010-1117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Pennsylvania Health Systems

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	4		2	0	1	6		

**Transaction ID : A616CC92-A581-46D5-**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. John L. Jennings JR.**

Mailing Address 2613 Hospital Rd

City

Goldsboro

State

NC

Zip Code

27534-9424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Goldsboro Skin Center

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	8		2	0	1	6		

**Transaction ID : 080B8CA6-13BF-4D15-**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Nicole Prevo Kageyama**

Mailing Address 1412 SW 43rd St  
Ste 205

City Renton State WA Zip Code 98057-4803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Pacific Dermatology, PS

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 21 / 2016

**Transaction ID : 79EC6631-3DBB-42E5-**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Diane L. Kallgren**

Mailing Address 3434 47th St  
Ste 200

City Boulder State CO Zip Code 80301-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kallgren Dermatology Clinic, PC

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

07 / 19 / 2016

**Transaction ID : D122F7C1-748F-4A10-**

Amount of Each Receipt this Period

251.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Dianne Cogswell Kamenetsky**

Mailing Address 10870 Brockway Rd

City Truckee State CA Zip Code 96161-2054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Renewal Dermatology and Laser APMC

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 28 / 2016

**Transaction ID : A085831E-BCF0-4F5F-**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1501.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Ross S. Kaplan**

Mailing Address 3615 Las Posas Rd  
Ste F100

City State Zip Code  
Camarillo CA 93010-1428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coastal Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

MM / DD / YYYY  
07 / 27 / 2016

**Transaction ID : 2D7ECF0B-09EF-4AF6-**

Amount of Each Receipt this Period

251.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Albert A. Kattine**

Mailing Address 110 31st Ave N  
Apt 901

City State Zip Code  
Nashville TN 37203-1639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Murfreesboro Medical Clinic

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

MM / DD / YYYY  
07 / 05 / 2016

**Transaction ID : 373903017BBD532003E**

Amount of Each Receipt this Period

625.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Sailesh Konda**

Mailing Address 4037 NW 86th Ter  
FI 4

City State Zip Code  
Gainesville FL 32606-9277

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UF Health Dermatology - Springhill

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

MM / DD / YYYY  
07 / 19 / 2016

**Transaction ID : 5E3E4A92-7D98-44A8-**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

926.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 55

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Hazle Smith Konerding**

Mailing Address 205 Cyril Ln

City

Richmond

State

VA

Zip Code

23229-7740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Commonwealth Dermatology PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	1	6

**Transaction ID : 8B7CA496780A3D50CA4**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Craig A. Kornreich**

Mailing Address 20 Fairbanks Blvd

City

Woodbury

State

NY

Zip Code

11797-2619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	6

**Transaction ID : 44B5AA9BE545A6076503**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David J. Levine**

Mailing Address 1605 Asheforde Dr

City

Marietta

State

GA

Zip Code

30068-1861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Atlanta Center For Dermatologic Diseases

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	6

**Transaction ID : 126AEA08251AC996DC3**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Alan Thomas Lewis**

Mailing Address 1500 W Esplanade Ave  
Apt 11A

City State Zip Code  
Kenner LA 70065-8302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 18 / 2016

**Transaction ID : 1B0067C008EB639E757**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Howard D. Lipkin**

Mailing Address 2300 Genoa Business Park Dr  
Ste 220

City State Zip Code  
Brighton MI 48114-7375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Brighton Dermatology and Regeneration

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 21 / 2016

**Transaction ID : DF8D06CA-CDA1-4AB2-**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Robert Lloyd Lott**

Mailing Address 1113 Canterbury Rd

City State Zip Code  
Gainesville GA 30504-2624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Dermatologic Surgery Specialists

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 28 / 2016

**Transaction ID : 999A475B-74CC-47BD-**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 55

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Michael E. Lutz**

Mailing Address 8053 Whisper Lake Lane

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2016

Transaction ID : 05E29DCBA8799EAFE86

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mollie A. Maccormack**Mailing Address 17 Prospect St  
Suite N301

City

Nashua

State

NH

Zip Code

03060-3956

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Foundation Skin Surgery and Dermatolog

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2016

Transaction ID : 39C430E4-4D31-4F73-

Amount of Each Receipt this Period

275.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Nancy L. Marchell**

Mailing Address PO Box 15465

City

West Palm Beach

State

FL

Zip Code

33416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Manhattan Dermatology

Occupation

Mohs Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2016

Transaction ID : FFB4041A4ECD875E4CE

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1025.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Barbara M. Mathes**

Mailing Address 189 Ash Way

City State Zip Code  
 Doylestown PA 18901-2203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

07 / 22 / 2016

**Transaction ID : C917BEE2-B903-4202-**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Charity Foster McConnell**

Mailing Address 308 Granny White Pike

City State Zip Code  
 Brentwood TN 37027-5754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Franklin Dermatology Group, PLC

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 05 / 2016

**Transaction ID : C3FA3ADE173464F71D4**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ricardo Mejia**

Mailing Address 2101 S US Highway 1

City State Zip Code  
 Jupiter FL 33477-7321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Jupiter Dermatology & Hair Restoration

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 30 / 2016

**Transaction ID : 3F178A7B-A1C7-49B3-**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 55  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Andrew B. Menkes**Mailing Address 2490 Hospital Dr  
Ste 201

City	State	Zip Code
Mountain View	CA	94040-4124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2016

**Transaction ID : EE66C789-657D-4104-**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Elaine Kay Miller**

Mailing Address 5310 Temple Hall Hwy

City	State	Zip Code
Granbury	TX	76049-2640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

The Dermatology Spot

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2016

**Transaction ID : 78B00AFB5E1A19B8B68**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mary Alice Mina**Mailing Address 5555 Peachtree Dunwoody Rd  
Ste 206

City	State	Zip Code
Atlanta	GA	30342-1711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Georgia Dermatologic Surgery Centers P

Mohs Surgeons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2016

**Transaction ID : C690FB73-B917-4384-**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1300.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 55

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Mary Alice Mina**Mailing Address 5555 Peachtree Dunwoody Rd  
Ste 206

City	State	Zip Code
Atlanta	GA	30342-1711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgia Dermatologic Surgery Centers P

Occupation

Mohs Surgeons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

**Transaction ID : 46B53CFE-388F-4224-**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Angela Yen Moore**Mailing Address 711 E Lamar Blvd  
Ste 200

City	State	Zip Code
Arlington	TX	76011-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arlington Center for Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2016

**Transaction ID : 5F6086DE-2A9C-480A-**

Amount of Each Receipt this Period

251.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jeffrey Stephen Newman**

Mailing Address 3422 97th Ave SE

City	State	Zip Code
Mercer Island	WA	98040-3128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Puyallup Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2016

**Transaction ID : 43F78422-8571-4B7E-**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1351.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 55

☒ 11a    ☐ 11b    ☐ 11c    ☐ 12  
☐ 13    ☐ 14    ☐ 15    ☐ 16    ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. George Richard Nichols**

Mailing Address 125 Lindell Dr

City  
ColumbiaState  
MOZip Code  
65203-2731FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nichols Mohs and Skin Surgery PC

Occupation

Dermatologist

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2016**Transaction ID : 68B34CA3-2BD9-40C9-**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Fred M. Novice**

Mailing Address 7456 Paddle Wheel Ct

City

Bloomfield Hills

State

MI

Zip Code

48301-3700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 20 / 2016**Transaction ID : F474334F528C438DAD1**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Christine O'Connor**

Mailing Address 1445 New York Avenue, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Academy of Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 29 / 2016**Transaction ID : EE2D755ECFCE6D3BE02**

Amount of Each Receipt this Period

251.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2851.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

## **A. Patricia O'Hare**

Mailing Address 1200 Queen Ave SE

City  
Albany

State  
OR

Zip Code  
97322-6661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Patricia O'Hare MD LLC

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 22 / 2016

**Transaction ID : ECF308A8-6C6E-4DB8-**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Steve Oberemok**

Mailing Address 720 E Latham Ave  
Ste 1

City  
Hemet

State  
CA

Zip Code  
92543-4371

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hemet Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 28 / 2016

**Transaction ID : E508E2AB-4B41-4C60-**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Michael Osleber**

Mailing Address 12 Redcoat Ln

City  
Little Rock

State  
AR

Zip Code  
72227-2337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arkansas Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

07 / 28 / 2016

**Transaction ID : CE50D073-AE8E-4BEC-**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3050.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 35 OF 55

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Ingrida I. Ozols**

Mailing Address 720 Suffolk Ln

City

Carmel

State

IN

Zip Code

46032-8661

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Clarian Health Partners

Occupation

Dermatologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2016

**Transaction ID : 155430DFCC88B44C39B**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jennifer B. Perone**

 Mailing Address 4851 S Interstate 35 E  
 Ste 101

City

Denton

State

TX

Zip Code

76210-2348

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Surgical Dermatology Associates Denton

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2016

**Transaction ID : D21454A7-4E7F-4DC9-**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Lindall A. Perry**

Mailing Address 401 N Keene St

City

Columbia

State

MO

Zip Code

65201-6625

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Columbia Dermatology Inc

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2016

**Transaction ID : D23A358D-BFDF-44E1-**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

2100.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Angela R. Peterman**

Mailing Address 877 B&A Blvd  
Suite 100

City State Zip Code  
Severna Park MD 21146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anne Arundel Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2016

**Transaction ID : FDBEE323-05DC-4456-**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lora J. Plattner**

Mailing Address 8406 E Shea Blvd  
Ste 100

City State Zip Code  
Scottsdale AZ 85260-6659

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley of the Sun Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2016

**Transaction ID : 7BEE2E50-89AE-4BD3-**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ronald Todd Plott**

Mailing Address 12469 Timberland Blvd  
Ste 501

City State Zip Code  
Fort Worth TX 76244-5216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dermatology Alliance - Keller

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2016

**Transaction ID : D66A0562-B27B-4992-**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 55  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Robert Bruce Posnick**Mailing Address 17 Prospect St  
Ste N301

City	State	Zip Code
Nashua	NH	03060-3956

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nashua Dermatology Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2016

Transaction ID : D40AA8DF-C626-47F1-

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Desiree Ratner**

Mailing Address 325 W 15th St

City	State	Zip Code
New York	NY	10011-5903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beth Israel Cancer Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2016

Transaction ID : 8B92CD62-CB02-45CE-

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Elisabeth G. Richard**Mailing Address 10753 Falls Rd  
Ste 355

City	State	Zip Code
Lutherville	MD	21093-4556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Photodermatology Associates

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2016

Transaction ID : AF645FE5-792F-4D58-

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

550.00

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Albert Rivera**

Mailing Address 233 Coral Ct

City

Madison

State

AL

Zip Code

35756-4079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southeastern Skin Cancer & Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2016

**Transaction ID : 12364B89-DE7E-43A9-**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Anthony Rossi**

Mailing Address 535 W 23rd St  
Apt N7L

City

New York

State

NY

Zip Code

10011-1130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Sloan Kettering Cancer Center

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 29 / 2016

**Transaction ID : AC4D82A2E1B5DEC3072**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Noah S. Scheinfeld**

Mailing Address 150 W 55th St

City

New York

State

NY

Zip Code

10019-5586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Noah Scheinfeld PLLC

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2016

**Transaction ID : 93E645C6-349D-4277-**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Rachel Schleichert**

Mailing Address 612 S Hanover St

City  
Baltimore

State  
MD

Zip Code  
21230-3821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rachel Schleichert, M.D.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2016

**Transaction ID : B48BDFB0-6C6A-4208-**

Amount of Each Receipt this Period

260.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kerry M. Shafran**

Mailing Address 17039 Kenton Dr  
Ste 100

City  
Cornelius

State  
NC

Zip Code  
28031-5776

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riva Aesthetic Dermatology, PLLC

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2016

**Transaction ID : EC61E861-9F70-4884-**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ronald D. Shiell**

Mailing Address 340 S Farrell Dr  
Ste A205

City  
Palm Springs

State  
CA

Zip Code  
92262-7931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2016

**Transaction ID : 2057B4CC-669F-4428-**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1060.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 55  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Daniel M. Siegel**

Mailing Address 33 Hitherbrook Rd

City

Saint James

State

NY

Zip Code

11780-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Long Island Skin Cancer And Dermatolog

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2016

**Transaction ID : ADFD85999F7E9E52BCF**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David J. Sire**Mailing Address 301 W Bastanchury Rd  
Ste 210

City

Fullerton

State

CA

Zip Code

92835-3424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Skincare MedCenter

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2016

**Transaction ID : F61A1991-AA50-447A-**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Jordan Slutsky**

Mailing Address 2786 Ardis Pl

City

Bellmore

State

NY

Zip Code

11710-5301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stony Brook Dermatology Associates

Occupation

Assistant professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2016

**Transaction ID : CBBB0B13-ADCB-4B62-**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 55  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. David Phillips Smack**

Mailing Address 22620 Handy Point Rd

City State Zip Code  
 Chestertown MD 21620-4017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Talbot Dermatology and Surgery, PA

Occupation  
 Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 28 / 2016

**Transaction ID : 60D2C2FA-6F11-4E52-**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jason L. Smith**

Mailing Address 103 John Maddox Dr NW

City State Zip Code  
 Rome GA 30165-1419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Northwest Georgia Dermatology

Occupation  
 Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 25 / 2016

**Transaction ID : 7BEBAE64-F620-4FDA-**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. John B Stephens**

Mailing Address 10553 Hyde Park

City State Zip Code  
 Carmel IN 46032-8300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Dermatology Inc

Occupation  
 Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 27 / 2016

**Transaction ID : 6320FB8B-AEB9-4014-**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 55  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Cloyce L. Stetson**

Mailing Address 3601 4th St

Health Sciences Center, Dept Of De

City

State

Zip Code

Lubbock

TX

79430-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Texas Tech Univ

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	1			2	0	1	6		

**Transaction ID : 74812658-ED96-4772-**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Allison Jones Stocker**

Mailing Address 516 Lexington Ave

City

State

Zip Code

San Antonio

TX

78215-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	1			2	0	1	6		

**Transaction ID : 1C1F78B2-B458-4C41-**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Sabra Sullivan**

Mailing Address 242 Hidden Oaks Dr

City

State

Zip Code

Ridgeland

MS

39157-7000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Dermatology Associates, LLC

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1958.31

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	1	6		

**Transaction ID : 6A66BCF4514AEC77834**

Amount of Each Receipt this Period

208.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1283.33

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Sabra Sullivan**Mailing Address 501 Marshall St  
Ste 606

City	State	Zip Code
Jackson	MS	39202-1650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dermatology Associates, LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1958.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2016

**Transaction ID : 03C31619-7C17-4D11-**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael Todd**

Mailing Address 18946 Canoe Landing Ct

City	State	Zip Code
Leesburg	VA	20176-8218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Skin Cancer Center of Northern Virgini

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

**Transaction ID : DB4FAA6EBCFB52903BB**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kenneth J. Tomecki**

Mailing Address 2983 Brighton Rd

City	State	Zip Code
Shaker Heights	OH	44120-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2016

**Transaction ID : 13C51D97DDEABDB175E**

Amount of Each Receipt this Period

650.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Paula S. Vogel**

Mailing Address 241 W Summit Ave

City

San Antonio

State

TX

Zip Code

78212-2957

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 26 / 2016

**Transaction ID : 8797B496-7891-4BCA-**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. James R. Watt**

Mailing Address 2705 Hampton Bridge Rd

City

Delray Beach

State

FL

Zip Code

33445-7134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dermatology Center

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 06 / 2016

**Transaction ID : 985A0E1FADEA5F38E0B**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stephen Burtis Webster**

Mailing Address 3111 Gundersen Dr

Mail Stop-Nc3-006

City

Onalaska

State

WI

Zip Code

54650-8447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gundersen Clinic-Onalaska

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 18 / 2016

**Transaction ID : 516C8261-B80F-45D8-**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 55

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Mark L. Welch**Mailing Address 6410 Rockledge Dr  
Ste 300

City	State	Zip Code
Bethesda	MD	20817-7811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	6

Transaction ID : CEC9D9E7-598E-49C1-

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ryan Wells**

Mailing Address 7106 Quito Ct

City	State	Zip Code
Camarillo	CA	93012-9074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Ryan D Wells, MD PC

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	6

Transaction ID : FED3FEFC-1874-46C9-

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Victoria P. Werth**Mailing Address Department Of Dermatology  
Pcam Suite 1-330S

City	State	Zip Code
Philadelphia	PA	19104-4211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

U of Pennsylvania

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	6

Transaction ID : 5601F330-F03D-41A7-

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Schield M. Wikas**

Mailing Address PO Box 3027, Suite C

City State Zip Code  
 Cuyahoga Falls OH 44223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 LECOM/Tri-County Dermatology

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 11 / 2016

**Transaction ID : FAF091439622A64466D**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Robert J. Willard**

Mailing Address 2003 Lower State Rd

City State Zip Code  
 Doylestown PA 18901-2603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Dermatology & Mohs Surgery Center, PC

Occupation  
 Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

07 / 28 / 2016

**Transaction ID : 4BEB7F21-6552-47F9-**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kim B. Yancey**

Mailing Address 6000 Harry Hines Blvd  
 Dept of

City State Zip Code  
 Dallas TX 75235-5303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Univ of Texas-Southwestern Med School

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 27 / 2016

**Transaction ID : 3FCBB022-D018-4C8B-**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 55

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Joseph J. Zaladonis JR.**Mailing Address 1665 Valley Ctr Pkwy  
Ste 120

City	State	Zip Code
Bethlehem	PA	18017-2353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2016

**Transaction ID : 1D3502C1-2CC3-42FF-**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Eugene G. Zappi**

Mailing Address 5998 Palisade Ave

City	State	Zip Code
Bronx	NY	10471-1206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2016

**Transaction ID : 572E17A57EC02E80BF6**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Larissa L. Zaulyanov-Scanlan**

Mailing Address 211 Venetian Dr

City	State	Zip Code
Delray Beach	FL	33483-6833

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Skin and Cancer Associates

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2016

**Transaction ID : 4EB23F1E-0D79-4D9D-**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1350.00

**TOTAL** This Period (last page this line number only)..... ►

78282.76

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 55

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix   State AZ   Zip Code 85072

Purpose of Disbursement  
Amex Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2016

Transaction ID : V6477E48A2A2E0A1A4A9

Amount of Each Disbursement this Period

460.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Merchant Services**

Mailing Address PO Box 6603

City Hagerstown   State MD   Zip Code 21741

Purpose of Disbursement  
MC/VS Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2016

Transaction ID : V4EFF19419B42948CC4E

Amount of Each Disbursement this Period

845.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Merchant Services**

Mailing Address PO Box 6603

City Hagerstown   State MD   Zip Code 21741

Purpose of Disbursement  
PayPal Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2016

Transaction ID : VB6725CBAFFFA64D8D70

Amount of Each Disbursement this Period

59.58

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1366.29

1366.29



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 55

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Andy Harris for Congress**

Mailing Address PO Box 426

City	State	Zip Code
Stevensville	MD	21666

Purpose of Disbursement  
2016 General

011

Candidate Name

**Andrew P. Harris**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

**Transaction ID : 7A519AD4DAC921AD148**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BADGERPAC**

Mailing Address PO Box 184

City	State	Zip Code
La Crosse	WI	54602

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**BADGERPAC**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

**Transaction ID : 7CDF82BC4A2EF73024E**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bennet for Colorado**

Mailing Address PO Box 3078

City	State	Zip Code
Denver	CO	80201

Purpose of Disbursement  
2016 General

011

Candidate Name

**Michael F. Bennet**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

**Transaction ID : 3CBCFE1771DB0B1BC3C**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 55

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Bob Casey for Senate Inc**

Mailing Address PO Box 58746

City	State	Zip Code
Philadelphia	PA	19102

Purpose of Disbursement  
2018 General

011

Candidate Name

**Robert P. Casey Jr**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

**Transaction ID : 8F69AC58532AD90BE85**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Cathy McMorris Rodgers for Congress**

Mailing Address Box 137

City	State	Zip Code
Spokane	WA	99210-0137

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Cathy McMorris Rodgers**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

**Transaction ID : F99034DDFEA0F2CCDFF**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Collins for Senator**

Mailing Address PO Box 1096

City	State	Zip Code
Bangor	ME	04402

Purpose of Disbursement  
2020 General

011

Candidate Name

**Susan Margaret Collins**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2020
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

**Transaction ID : 57BD722B0614DE101DA**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 55

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Diane Black for Congress**

Mailing Address PO Box 1437

City Gallatin	State TN	Zip Code 37066-1437
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Purpose of Disbursement  
2016 General

011

Candidate Name

**Diane Lynn Black**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

**Transaction ID : AE9EDE508B70BCC736C**

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of John Thune**

Mailing Address PO Box 841

City Sioux Falls	State SD	Zip Code 57101
---------------------	-------------	-------------------

Purpose of Disbursement  
2016 General

011

Candidate Name

**John Randolph Thune**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

**Transaction ID : 13638D6F67E56D85421**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City Alexandria	State VA	Zip Code 22314
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Purpose of Disbursement  
2016 General

011

Candidate Name

**Patrick Joseph Toomey**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

**Transaction ID : E7B301A7DB9A422C870**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 55

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Jason Smith for Congress**

Mailing Address PO Box 1324

City	State	Zip Code
Cape Girardeau	MO	63702-1324

Purpose of Disbursement  
2016 General

011

Candidate Name

Jason Thomas Smith

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MO District: 08

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

Transaction ID : 89CF088947FD0EAA3B0

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jenkins for Congress**

Mailing Address PO Box 727

City	State	Zip Code
Huntington	WV	25711

Purpose of Disbursement  
2016 General

011

Candidate Name

Evan H. Jenkins

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WV District: 03

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

Transaction ID : D02AC9FDD0FC2A955BC

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Larson for Congress**

Mailing Address PO Box 261172

City	State	Zip Code
Hartford	CT	06126-1172

Purpose of Disbursement  
2016 Primary

011

Candidate Name

John Barry Larson

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CT District: 01

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

Transaction ID : BBDB3A07F4A78495CBA

Amount of Each Disbursement this Period

1500.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 55

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Latta for Congress**

Mailing Address PO Box 106

City	State	Zip Code
Bowling Green	OH	43402-0106

Purpose of Disbursement  
2016 General

Candidate Name

**Robert E. Latta**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

**Transaction ID : 56FF6889065FACE36D2**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Marsha Blackburn for Congress, Inc.**

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024-3750

Purpose of Disbursement  
2016 Primary

Candidate Name

**Marsha Wedgeworth Blackburn**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

**Transaction ID : 947E4C6ADBAE438223A**

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Opportunity and Responsibility Restored in our Nation PAC**

Mailing Address PO Box 3986

City	State	Zip Code
Washington	DC	20027

Purpose of Disbursement  
2016 Contribution

Candidate Name

**Opportunity and Responsibility Restored in our Nation PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

**Transaction ID : 45B16A64AC27AB67203**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 55

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Pat Meehan for Congress**

Mailing Address 50 S Providence Rd

City Media	State PA	Zip Code 19063-3531
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Purpose of Disbursement  
2016 General

Candidate Name

Patrick L. Meehan

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

Transaction ID : 3F3DEA578FEC0ED286E

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Paul Tonko for Congress**Mailing Address 911 Central Avenue  
# 221

City Albany	State NY	Zip Code 12206
----------------	-------------	-------------------

Purpose of Disbursement  
2016 General

Candidate Name

Paul David Tonko

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

Transaction ID : C981A77C567C3211BC9

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rand Paul for US Senate 2016**

Mailing Address PO Box 72928

City Newport	State KY	Zip Code 41072
-----------------	-------------	-------------------

Purpose of Disbursement  
2016 General

Candidate Name

Rand Howard Paul

Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

Transaction ID : B1BAA857F7C60FF5BB0

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 55

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Richard E Neal for Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

Mailing Address 76 Magnolia Terrace

**Transaction ID : 900FE53A608AD244C05**

City	State	Zip Code
Springfield	MA	01108

Amount of Each Disbursement this Period

Purpose of Disbursement  
2016 General

011

Amount	1500.00
--------	---------

Candidate Name

Category/  
Type**Richard Edmund Neal**☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 01

Full Name (Last, First, Middle Initial)

**B. Schiff for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

Mailing Address 777 S. Figueroa St., Ste. 4050

**Transaction ID : DC27498D5C837D7C97C**

City	State	Zip Code
Los Angeles	CA	90017

Amount of Each Disbursement this Period

Purpose of Disbursement  
2016 General

011

Amount	1000.00
--------	---------

Candidate Name

Category/  
Type**Adam Bennett Schiff**☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 28

Full Name (Last, First, Middle Initial)

**C. Tenn Political Action Committee Inc (TENN PAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

Mailing Address 228 S Washington Street Suite 115

**Transaction ID : FA873B820D8B3C4F2C5**

City	State	Zip Code
Alexandria	VA	22314

Amount of Each Disbursement this Period

Purpose of Disbursement  
2016 Contribution

011

Amount	2500.00
--------	---------

Candidate Name

Category/  
Type**Tenn Political Action Committee Inc (TENN PAC)**☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

31500.00